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ABSTRACT

The summary of the 6-week Special Study Institute, which provided professional preparation for teachers to work with children with both auditory and visual handicaps, reports selected examples of various aspects of the total program. As part of the Institute, a 4-week short-term educational program was provided to multiply handicapped children. The summary offers an overview of the activities of the Institute and a brief description of the children and their educational programs. Reviewed are the content of the instructional program for teachers, the educational and residential aspects of the demonstration program for the children, and the case histories of the 12 children involved. Appended is an extensive manual for the development of self-help skills in multiply handicapped children. (KW)

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SPECIAL STUDY INSTITUTE

JUNE 28-AUGUST 6, 1971

PROFESSIONAL PREPARATION OF TEACHERS OF THE MULTIPLY HANDICAPPED WITH SPECIAL CONCERN DIRECTED TOWARD THE CHILD WITH BOTH AUDITORY AND VISUAL IMPAIRMENTS

DEPARTMENT OF SPECIAL EDUCATION
AND REHABILITATION
SCHOOL OF EDUCATION
UNIVERSITY OF PITTSBURGH
PITTSBURGH, PENNSYLVANIA

SUMMER 1971

ED057554

SPECIAL STUDY INSTITUTE

June 28-August 6,1971

TOPIC: PROFESSIONAL PREPARATION OF TEACHERS OF THE MULTIPLY HANDICAPPED WITH SPECIAL CONCERN DIRECTED TOWARD THE CHILD WITH BOTH AUDITORY AND VISUAL IMPAIRMENTS.

CONDUCTED BY:

Pennsylvania Department of Education
Bureau of Special Education
University of Pittsburgh
Western Pennsylvania School for Blind Children

FUNDING SERVICES

Public Law 91-230
Public Law 89-313
Regional Deaf - Blind Center

CONTENTS

I INTRODUCTION 1

II PERSONNEL 4

III INSTRUCTIONAL PROGRAM 7

IV DEMONSTRATION PROGRAM 11

EDUCATIONAL PROGRAM 11

RESIDENTIAL PROGRAM 16

V THE CHILDREN 19

VI DISSEMINATION ACTIVITIES 24

APPENDIX 27

INTRODUCTION

The primary purpose of the six-week Special Study Institute was to provide professional preparation for teachers to work with children who have both auditory and visual impairments. Secondary purposes were to provide children with a four-week short-term educational program and to demonstrate this program to the professional community.

Three proposals were submitted to support the Institute. Applications were made to the Pennsylvania Department of Education, Bureau of Special Education for funds from the Regional Deaf-Blind Center to support consultants to the program, and for funds under Public Law 91-230 for students' stipends and support funds. The third proposal under Public Law 89-313 was submitted by the Western Pennsylvania School for Blind Children to support the residential program for the children.

Participants for the Institute were selected by a committee from the Department of Education, Bureau of Special Education and the University Faculty. Applications were received from throughout the state. The thirteen selected participants were from public and private day school programs, residential schools for both the deaf and the blind, a state home and residential training school, and a private residential facility for the multiply-handicapped. Included in the group were an occupational therapist,

a graduate child development specialist, a graduate student, a pre-school specialist, and an orientation and mobility specialist in addition to teachers of the deaf, multiply-handicapped, and visually handicapped.

Referrals of children were accepted from the Pittsburgh Branch of the Pennsylvania Association for the Blind; the Pennsylvania Department of Welfare, Office for the Visually and Physically Handicapped; the Pennsylvania Department of Education, Bureau of Special Education; local and residential schools; and a state home and training school. A screening clinic was held in the early spring to observe the children and to gather basic information about them. The clinic was staffed by the primary consultant to the Institute, administrators from the Western Pennsylvania School for Blind Children and the University Faculty. Twelve children demonstrating a wide range of abilities and handicaps were accepted for the program.

Consultants responsible for instructional material and demonstration were all selected from the George Peabody College for Teachers, Nashville, Tennessee. This decision was made to assure continuity between the philosophy and theoretical bases presented, and the actual demonstration teaching with children. The University of Pittsburgh faculty gave support to the consultants and coordinated Institute activities. Two additional educational consultants were involved to assist in post-Institute

planning for the children. A pediatric ophthalmologist assisted in providing medical information to the staff as it pretained to specific children.

The Western Pennsylvania School for Blind Children recruited and provided orientation to the child care workers and nursing staff who were involved in the residential aspects of the program.

This summary of the Institute reports selected examples of various aspects of the total program. It is descriptive in nature to provide the reader with an overview of the activities of the Institute and a brief description of the children and their educational programs. All the participants in the Institute contributed the material included in this Summary Report.

R. L. P.

PERSONNEL

UNIVERSITY OF PITTSBURGH FACULTY

Department of Special Education and Rehabilitation
Education for the Visually Handicapped

Ralph L. Peabody, Coordinator
Mary W. Moore
Bruce B. Blasch

CONSULTANTS

George Peabody College for Teachers
Department of Special Education

Verna Hart - Assistant Professor, Coordinator, Program for Multiple Handicaps

Carlene Dallinga - Coordinator of Evaluation and Treatment, Peabody Deaf-Blind Center

Virginia Smith - Head Teacher, A Team Teaching Practicum for Teacher Preparation in Multiple Handicaps

Manuel Martinez - Teacher, A Team Teaching Practicum for Teacher Preparation in Multiple Handicaps

Mary T. Young - A Team Teaching Practicum for Teacher Preparation in Multiple Handicaps

Pennsylvania Department of Education, Bureau of Special Education

Elinor Long - Supervisor, Programs for the Visually Handicapped

Western Pennsylvania School for Blind Children

Janet G. Klineman - Educational Director of Lower School

Pediatric Ophthalmologist

David Hiles, M.D.

Participants

Mrs. Elizabeth DePiero - Teacher, Blind Multiply-Handicapped Children, Western Pennsylvania School for Blind Children, Pittsburgh, Pennsylvania

Mr. Andrew Frazier - Mobility Instructor, Allegheny County Schools, Pittsburgh, Pennsylvania

Mrs. Merle D. Griff - Child Care Worker, Western Pennsylvania School for Blind Children, Pittsburgh, Pennsylvania

Miss Janalyn F. Haas - Therapeutic Activities Worker Western State School and Hospital, Canonsburg, Pennsylvania.

Miss Margaret V. Henderson - Teacher, Visually Handicapped Children, School District of Philadelphia, Pennsylvania

Miss Eileen C. Kalbach - Teacher, Visually Handicapped Montgomery County Schools, Norristown, Pennsylvania

Miss Gail McClelland - Teacher, Blind Multiply Handicapped Children, Upsal Day School for Blind Children, Philadelphia, Pennsylvania

Sister Edna Marie Meyers, S.C. - Teacher in Special Education - Deaf, The DePaul Institute, Pittsburgh, Pennsylvania

Mrs. Elaine S. Moore - Teacher of the Deaf, Primary Department, Western Pennsylvania School for the Deaf, Pittsburgh, Pennsylvania

Mrs. Gayle Park - Director - Title VI-A, Preschool Itinerant Program for Visually Handicapped, Allegheny County Schools, Pittsburgh, Pennsylvania

Mrs. Anna M. Reynolds - Student, University of Pittsburgh, Department of Special Education and Rehabilitation, Pittsburgh, Pennsylvania

Miss Linda G. Sension - Teacher, Visually Handicapped
Elwyn Institute, Philadelphia, Pennsylvania

Miss Ann F. Zilonis - Teacher, Resource Room for the
Visually Handicapped, Pittsburgh, Pennsylvania

WESTERN PENNSYLVANIA SCHOOL FOR BLIND CHILDREN

Administrative Staff

Alton Kloss - Superintendent
Regis Ferson - Assistant Superintendent
Robert Hughes - Administrative Assistant
Janet Klineman - Educational Director of Lower School

Residential Child Care Workers

Alvin Elinow
Susan Elinow
Sherry Glenn
William Jewett
Rebecca Kiziri
James Lenkner
Fred Steinberg
Jacqueline Williams
Joanne Cuccaro (Pennsylvania Office for the Visually and Physically Handicapped)
Richard Giardino (Pennsylvania Office for the Visually and Physically Handicapped)
James Millword (Pennsylvania Office for Visually and Physically Handicapped)

Nursing Staff

Helen Santillo
Mary Sharief
Ann Useller

INSTRUCTIONAL PROGRAM

Dr. Verna Hart of George Peabody College for Teachers conducted the instructional program during the first two weeks of the Institute. She presented the characteristics of the children being studied, and the theoretical background for the methods to be used during the demonstration period of working with children, and described the techniques involved. The participants reviewed pertinent literature to supplement the didactic aspects of the program. Many training films and slide presentations were included to demonstrate both characteristics of the children and specific methods utilized in their education. Materials provided by Dr. Hart were distributed and a selection of these materials are included is Appendix A.

The following log is included in this report for the purpose of indicating to the reader the comprehensiveness of the program. It merely indicates "bare topics" and not actual content. The following log is included in this report.

LOG

6/28 Overview of the Institute

A look at the multiply-handicapped child
Causes of handicaps
Information on characteristics of Rubella Children
Causes of Rubella
Prevention of Rubella

6/29 Characteristics of Rubella Children - continued

Video tape of child in testing and observation situation
Discussion of techniques used for teaching communication

6/30 What to look for in an evaluation report

1. Heart
2. Eyes
3. Ears
4. Teeth
5. Gait
6. Social history
7. Psychological reports

On Educational evaluation

1. Modality of learning
2. Body image
3. Locomotion
4. Memory
5. Speech and language development
6. Socialization

Video tapes of seven children demonstrating different developmental patterns

7/1 Evaluation instruments

The team approach
A Rationale
In teaching
Self care
Motor skills
Adaptive behavior
Communication

Characteristics of Epiliptic Children

Introduction to precision teaching

Video tapes of two children in a feeding program and of a group activity

Steps in forced feeding

7/2 A review of normal child development

The uses of charts and manuals to assure consistency in training children (Examples included in other sections of this report.)

Slide presentation of a feeding program

The autistic child and autistic tendencies in deaf-blind children

Basic mobility techniques with blindfolds and special glasses (Presented by Orientation and Mobility Specialists--Bruce Blasch, Andrew Frazier, and Kathy Daugherty)

Introduction to manual communication

7/6 Comparision of early rubella children with those of today

Care of a child in braces

Curriculum concepts

- Body image
- Sensory discrimination
- Concept development
- Directionality
- Measurement
- Time
- Clothing
- Eating
- Grooming
- Household furnishings
- Family
- Vocabulary
- Incidential learning
- Phrases

Brain injury and its implications
- Aphasia

Handling behavior problems

Video tapes of classroom group activities

7/7 Cerebral Palsy

Types
Helps - Special Equipment

Brain Injury

Medication and structuring
Tadoma Method for deaf blind children

Video tapes of children to be in four weeks demonstration program, noting how they function alone, with stimulation, in a structured situation and how they relate to people.

7/8 Precision teaching

Pinpoint behavior
Record behavior
Compute rate
Chart
Change

Further observation via video tapes of children to be in Demonstration Program

7/9 Precision Teaching

Recording
Charts
Time probes
Toileting

Assignment of children to teachers and formation of teams

Development of schedules

Planning first week's activities

DEMONSTRATION PROGRAM

The demonstration aspects of the Institute consisted of two related programs. Daily from 9:00 A. M. to 3:30 P. M. the Teacher-Participants with the consultants from George Peabody College for Teachers worked directly in the educational program with the children. Each afternoon from 3:00 P. M. to 3:30 P. M. the Teacher-Participants conferred with the Child Care Workers to assure consistency in contacts with the children. Then from 3:30 P. M. until 9:00 P. M. the Residential Staff were responsible for the program activities for the children and provided training and supervision within the dormitory.

EDUCATIONAL PROGRAM

The educational program primarily concentrated on three curricular areas:

Adaptive Behavior

Motor Skills

Communication Skills

The education program for each child was based on functional levels determined through observation, and utilized such materials as "A Manual for the Development of Self-Help Skills in Multiple Handicapped - Experimental Edition" (See Appendix A). Traditional evaluations were not made, although previous records were available for reference purposes.

A daily schedule was developed, and periodically revised. A different Teacher-Participant planned the daily total group

activity on a rotation plan following a weekly theme. Small group activities were conducted within a team-teaching structure in three curricular areas. Teachers Participants were assigned specific children with whom they were to work the first week. Although they were reassigned to other children for individual sessions periodically throughout the four week session, each child retained his original teacher for two short periods daily.

An activity which presented particular difficulty to more than half of the children was eating. A number of the children, for example, had not previously experienced solid foods. Therefore, the teachers actively participated in the feeding program. As in other aspects of the program, the assignment of children to teachers was periodically changed.

Through the periodic reassignment of Teacher-Participants to various activities and children, the Teacher-Participants were assured a much greater range of experiences. This procedure made it possible to have direct contact and responsibility with both the most complex children as well as those with less serious handicapping conditions. This policy also contributed to the primary purpose of the Institute, that of providing professional preparation for teachers. Safeguards were built into the program to assure consistency in working with the children.

The educational program was specifically designed for the individual children in the program. Therefore detailed descriptions of the total program would be inappropriate in a report of this nature. However, examples of the recording procedures for special behavioral objectives are included to demonstrate the practice of pinpointing minute objectives.

Figure I shows the progress (in grooming skills) of one of the more competent children (See Appendix A for complete manual). When the child is already competent in a skill an X is put in the appropriate square on the chart. When the child is working on a particular skill, a circle is put in the box. When a task has been accomplished, an X is put over the circle.

SELF HELP DEVELOPMENT

GROOMING SKILLS

	Will do job with complete physical and verbal help	Needs physical guidance and verbal help	Needs only a slight physical cue and verbal help	Needs only a verbal cue	Total independence: refers to do this task in sequence
WASHING					
LEVEL 1 - The child:					
1. Shows interest in playing in the water; permits hands to be washed and dried	X	X	X	X	X
2. Shows interest in faucet and stopper	X	X	X	X	X
LEVEL 2 - The child:					
3. Locates sink	X	X	X	X	X
4. Locates faucet	X	X	X	X	X
5. Turns water on	X	X	X	X	X
6. Wets one hand			X	X	
7. Wets both hands			X	X	
8. Locates soap			X		
9. Gets soap on hands			X		
LEVEL 3 - The child:					
10. Rubs soap on hands			X		
11. Rinses hands			X		
12. Locates faucet			X		
13. Turns water off			X		

FIGURE 1

GROOMING SKILLS (cont.)

	Will do job with complete physical and verbal help	Needs physical guidance and verbal help	Needs only a slight physical cue and verbal help	Needs only a verbal cue	Total independence; remembers to do this task in sequence
14. Locates towel					
15. Takes towel					
LEVEL 4 - The child:					
16. Dries hands					
17. Locates waste basket					
18. Throws towel away or hangs it up					
LEVEL 5 - the child:					
19. Turns on hot and cold faucets for warm water					
20. Washes his hands at the appropriate times, independently					
21. Gets washcloth wet					
22. Rubs soap on cloth					
23. Washes face (not ears)					
24. Rinses cloth					
25. Rinses face					
26. Rinses cloth and puts it up to dry					
27. Rubs face dry					

FIGURE 1 (a)

LEVEL 6 - The child:

28. Washes face at appropriate times

29. Bathes self (assisted with preparing bath and touching up)

LEVEL 7 - The child:

30. Prepares bath water

31. Bathes self independently

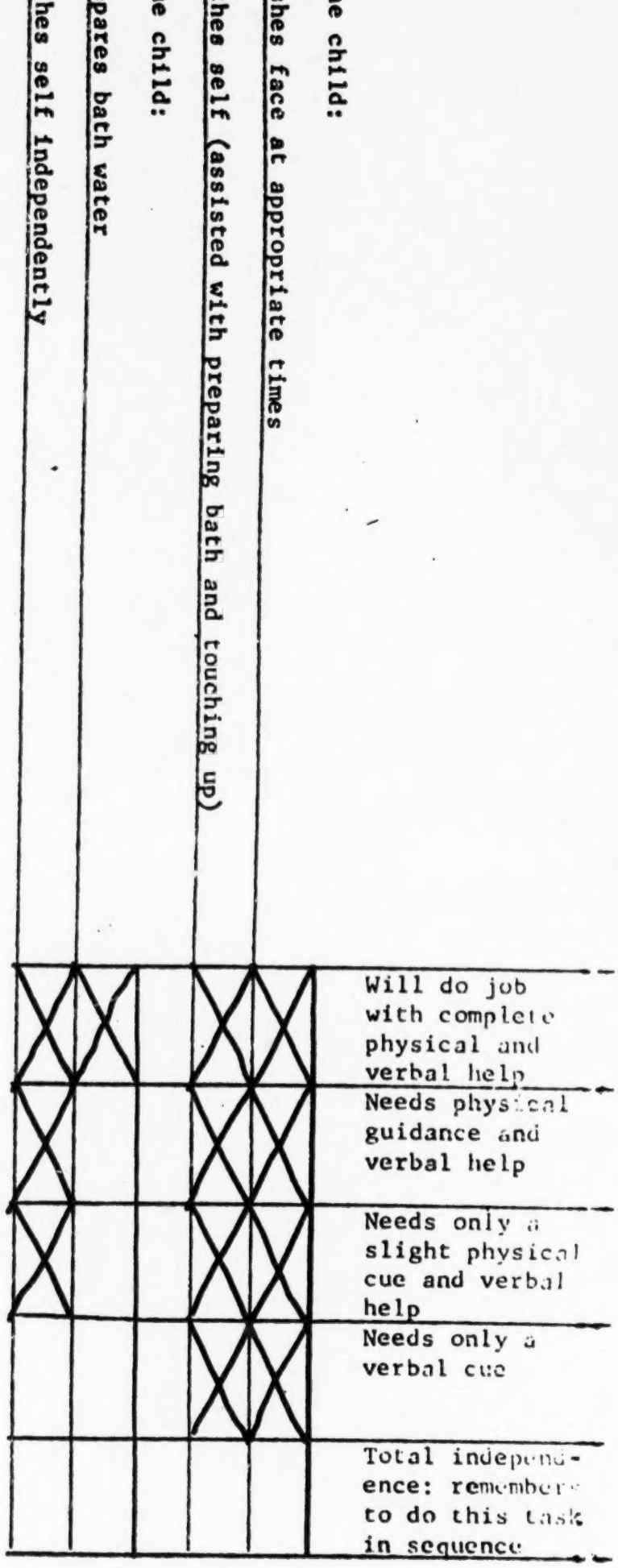
Will do job with complete physical and verbal help
Needs physical guidance and verbal help
Needs only a slight physical cue and verbal help
Needs only a verbal cue
Total independence: remembers to do this task in sequence

FIGURE 1 (b)

"Probe Charts" (See Figure 2) were used to record specific behaviors. These charts were utilized for both the elimination of undersirable behavior and the development of new behavior. Precise observation and timing were necessary to determine the progress of the behavior probed. The following chart demonstrates the ability of the child to attend to the task on a simple game.

Each "Probe Chart" was then put onto a graph to show instantly gains orlosses which had taken place. The activity depicted on the graph (See Figure 3) is of a child in a simple auditory activity.

PROBE CHART

Name	Behavior	Setting	Command	+	-	↑	↓	Number of Movements	Number of Minutes	Time Begin	Time End	Rate	
Jimmy	put doughnut on stick when placed in hand	in chair at small, oblong table	"On the stick"	light rein.	repeat comm. holding dough. in hand	skill in movement	resist	5	1.5	2:15	2:16:30	3.3	7/14
		at smaller table						2	2	2:21	2:23	1.0	7/15
								10	2	2:48	2:50	5.0	7/19
								14	1.5	2:38	2:39:30	9.3	7/20

FIGURE 2

Behavior	Setting	Command
Reach toward sound of toy guitar, bell, cymbal and tambourine	Seated in chair and quiet; noise made close to but not touching either ear	Sound of noise

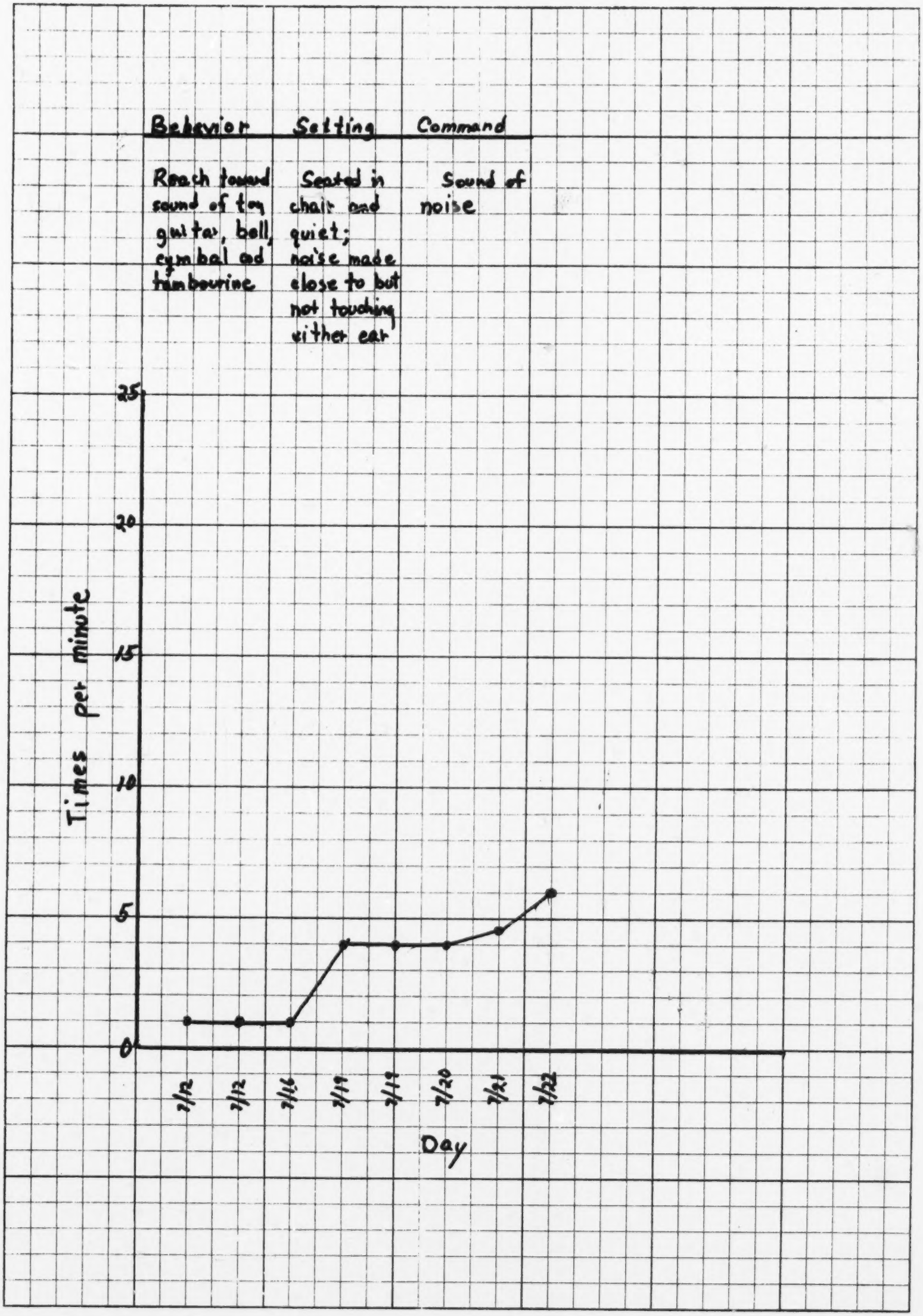

FIGURE 3

Toileting Charts (See Figure 4) were kept 24 hours per day seven days a week (parents cooperating on weekends) for all children not toilet trained. The following symbols were used on the charts:

W - Wet not on toilet

S - Soiled not on toilet

O - Placed on toilet without any success

Ⓦ - Wet on toilet

Ⓢ - Soiled on toilet

The following chart shows a child with a tendency toward a set pattern of urination by the clusters of W's. After rather random placement on the toilet without success the pattern was recognized and as can be seen the child had nearly complete success by the fourth week of the program. Charting the behavior in this manner aided in establishing the pattern and training the child.

Time	7/12 M	T	W	Th	F	S	Sun	7/19 M	T	W	Th	F	S	Sun	7/26 M	T	W	Th	F	S	Sun	8/2 M	T	W	Th	F	S	Sun
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FIGURE 4

Time	7/12 M	T	W	Th	F	S	Sun	7/19 M	T	W	Th	F	S	Sun	7/26 M	T	W	Th	F	S	Sun	8/2 M	T	W	Th	F	S	Sun
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FIGURE 4 (a)

Time	7/12 M	T	W	Th	F	S	Sun	7/19 M	T	W	Th	F	S	Sun	7/26 M	T	W	Th	F	S	Sun	8/2 M	T	W	Th	F	S	Sun
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FIGURE 4 (b)

The proceeding charts as well as other rather detailed records were kept on all the children. These will be forwarded to appropriate agencies and schools as the children are placed in programs.

RESIDENTIAL PROGRAMS

Residential care for the (twelve) multiply handicapped children was provided at Western Pennsylvania School for Blind Children. This aspect of the project, directed by Dr. Janet Klineman, followed the objectives and procedures planned and supervised by the consultants and staff members of George Peabody College for Teachers and taught by the consultants during the in-service training sessions.

Eight child care workers lived on the campus and provided the follow-through program from 3:00 P. M. to 9:00 A. M. Sunday afternoons through Friday mornings. (Arrangements had been made for all the children to be with their families over the weekends.) The educational backgrounds of the child care workers included the study of child care and development, psychology, education, and music. Four child care workers were members of the Title I, 89-313 project for multiply handicapped blind children at Western Pennsylvania School for Blind Children in 1970-1971.

In order to provide the necessary one-to-one relationships with the children, the child care workers were assisted by case workers from three district offices of the Bureau of Visually and Physically Handicapped, two practicum graduate students from the University of Pittsburgh Special Education and Rehabilitation Department, and a volunteer from the Western Pennsylvania School for Blind Children staff.

Each member of the residential staff met with a member of the instructional staff daily at 9:00 A. M. and from 3:00 P. M. 3:30 P. M. to share information about their particular child and to exchange self-care charts and toileting records.

The residential staff provided a nurturant and consistent environment for the children. The children seemed to respond favorably to the use of positive reinforcement techniques. Each staff member chose to work with the same child throughout the project and was encouraged with each small gain demonstrated by the child.

Each staff member wrote a weekly evaluation report to summarize the objectives for his child and to note specific outcomes. The evaluations revealed the children's adjustment to the new environment and their improved performance in the areas of self-care skills, communication, and motor skills.

The case workers from the Bureau of Visually and Physically Handicapped were involved in the actual work with individual

children, attended staff meetings regarding the children and their problems, and observed the children during the in-service training sessions for the teachers.

This summer project provided the residential staff with learning opportunities in planning, caring for, and teaching multiply handicapped children who functioned at very low levels of development. Positive attitudes and expectations for the development of educational programs for such children were expressed by the staff members.

THE CHILDREN

The following descriptions of the children represent very base line data. The information is primarily summaries of case histories which were available at the start of the program. As has been previously indicated records were kept for each child, and these will be made available to referring agencies. However, as the purpose of the Institute was demonstration and not evaluation of children or methods, the children's progress is not indicated in this report. The purpose of the descriptions is to provide the reader with a general impression of the children included in the program. Where the test scores are included in the descriptions, these were extracted from the children's previous records. Traditional evaluation procedures such as testing were not included as a function of the Institute.

Child A - Boy Birthdate: 8-12-67

A lives at home with his natural parents, an older brother, and a new baby brother. He was a pre-mature baby and has retrolental fibroplasia. He has rather well developed motor skills, no language, is not toilet trained, and indulges in much self-stimulating behavior. When he entered the program he was bottle fed and did not eat solid food. A Maxfield Burcholz Social Competency Scale for Blind Children was administered April 18, 1971, and A was scored at the 1 yr. 6 mos. level. His hearing is questionable, but may be normal.

Child B - Girl Birthdate: 12-15-65

B is the third child in the family, having two older brothers. She is a rubella baby who is profoundly deaf and cerebral palsied.

She has limited vision, wears glasses and a hearing aid and walks independently with two tripod canes. B is not toilet trained, she does feed herself independently. B has been tested with the Leiter International Performance Scale. She received a score of 78 with variability, which indicates that she is educable. She has attended an Easter Seal Preschool Program for deaf children, and is able to lipread at least enough to follow simple commands and has a verbal vocabulary between 40 and 50 words.

Child C - Girl Birthdate: 10-22-65

C lives with her mother, step father, a younger sister and brother. She was a premature rubella baby with some history of seizures. Her records indicate inconsistent audiological test results, microphthalmia, strabismus, and probable mental retardation. She is hyperactive, has no speech and no awareness of symbolic sign language.

Child D - Boy Birthdate: 7-29-65

D lives in a foster home with two foster siblings. He is a rubella baby with possible serviceable hearing in his right ear. He had bilateral congenital cataracts which were extracted. He has no speech, is not toilet trained but he can feed himself solid food. He has good motor skills but no self help skills.

Child E - Boy Birthdate: 3-24-65

E lives with his mother and 8 brothers and sisters. He was a premature baby and has retrolental fibroplasia. He is retarded due to prematurity and environmental deprivation. He apparently has no light perception. He is partially toilet trained, feeds himself solid

food and has a few self help skills. He has a retarded language development approximately two years behind his chronological age.

Child F - Boy Birthdate: 2-11-65

F has parents and two brothers at home but for the past three years he has resided at a Children's Rehabilitation Center. He is a rubella baby with partial hearing, congenital heart disease, profound retardation mentally and physically and extracted cataracts. He is not toilet trained does not walk independently and has little self help skills. He does, however, feed himself solid food. He has no speech, only uttering gutteral sounds. His behavior is restricted to self-stimulation. Psychologically, he earned a Cattell score of less than 15.

F will probably continue to live in the institutions and eventually have a terminal placement arranged.

Child G - Boy Birthdate: 11-9-64

G is a rubella baby who was adopted by a nurse. Shortly after the adoption, the husband of the nurse was killed. G and his adopted mother now live with a grandmother and two uncles. G is deaf, microcephalic, and mentally retarded. He has had cataracts removed but has secondary membranes. He has never learned to utilize his residual vision. He is not toilet trained, cannot feed himself, and eats only semi-solid foods. He has no speech. His psychological tests indicate an I.Q. of less than 35.

Child H - Girl Birthdate: 1-8-64

H lives with her mother and father and one younger brother. She is a rubella baby with profound reduction in hearing bilaterally and congenital heart disease. She has had cataracts removed and has useful vision. Her psychological testing reveals intellectual functioning below 50 percent of normal. She is partially toilet trained, feeds herself solid food, has good self help skills. She has no speech and does not understand any symbolic sign language.

Child I - Boy Birthdate: 1-18-63

I is the fourth son of his parents, having three older brothers. He is a rubella baby who is profoundly deaf, blind in his right eye and probably retarded. It has been impossible to test him psychologically. He wears bifocal spectacle lenses and a hearing aid. He is not toilet trained, could drink from a cup and would occasionally feed himself semi-solid junior baby food. He has no self-help skills other than being able to remove his own shoes and socks. He has no speech.

Child J - Girl Birthdate: 9-5-63

J lives with her mother and four siblings. She was an Rh incompatible baby, has colobomas, abortive aniridia, rotary nystagmus and myopic astigmatism. She is deaf and wears a hearing aid. She has very restricted language but responds well to visual clues. Psychological testing has been unsuccessful. She attends a pre-school for retarded children where her teacher reports she is cooperative, likes books and enjoys visual perceptual materials.

Child K - Girl Birthdate: 7-8-62

K lives with her mother and two younger sisters in a housing project. She has had cataracts removed and is severely mentally retarded. She has little spontaneous speech, is partially toilet trained, feeds herself solid food, can dress herself. Child K has attended a pre-school class for retarded children for a few months.

Child L - Boy Birthdate: 3-58

L lives in a residential state home and training school. He was a premature baby, is totally blind and severely retarded. His records indicated that he had a profound hearing loss, but on recent testing showed some response to loud sound. He feeds himself with a spoon and eats solid food. He is partially toilet trained and can dress himself with a little assistance. He is hyperactive and in the institution is constantly tranquilized.

Dissemination Activities

The Special Study Institute summarized in this report is the first one, concerned with the child with both auditory and visual handicaps, to be conducted in Western Pennsylvania. Therefore, it seemed appropriate to invite the professional community to visit the program. All visitors were given an orientation to the program and an opportunity to observe the children in the classrooms. The following tabulation indicates approximate number of agencies or institutions represented and the position and number of visitors.

Pennsylvania Bureau for the Visually and Physically Handicapped Counselors and caseworkers - 7

Children's Hospital-Developmental Clinic
- Nurse - 1
- Psychologist - 1

Pennsylvania Association for the Blind-Pittsburgh Branch
- Caseworkers - 4
- Administration and Supervision - 3

Cresson State School and Hospital
- Teacher-Visually Handicapped - 1

Western State School and Hospital
- Teacher-Visually Handicapped - 1

Philadelphia Public Schools
- Teacher-Visually Handicapped - 1

The Pennsylvania State University
- Special Education Students - 3

Western Pennsylvania School for Blind Children
- Teachers - 8

Western Pennsylvania School for the Deaf
- Psychologist - 1

University of Northern Colorado
Special Education Faculty - 2

Eye and Ear Hospital
Opthalmologist -1
Nurse - 1

Westmoreland County Schools
Head Teacher Program for Visually Handicapped - 1

Washington County Schools
Teacher-Visually Handicapped - 1

Pennsylvania Department of Education
Supervisor- programs for Visually Handicapped - 1

Pittsburgh Public Schools-Work Experience Program in Child Development
Teacher - 1
Students - 21

University of Pittsburgh
Special Education and Rehabilitation
Faculty - 7
Graduate Assistants - 3
Students - (Deaf, V.H., COHI)-27

Video tapes, audio tapes and, .35 mm slides were taken throughout the program. These are to be used for training purposes. They are available to the Consultants from George Peabody College for Teachers, participants in the Institute, WPSBC staff and the University faculty. The distribution is restricted to those who were involved in the program, so that they may provide appropriate commentary. There are no plans to edit these films for general distribution.

Although this summary does not include an evaluation per se, the following outcome of the Institute, related to dissemination of information is included. The professional visitors to the program recognized its impact on the children. As a consequence, plans are

presently being made to develop and initiate a continuing educational program for children with both visual and auditory handicaps in Western Pennsylvania.

APPENDIX A

The selected materials included in this section were prepared and distributed to the Institute participant by the Consultants from George Peabody College for Teachers.

A MANUAL

FOR THE DEVELOPMENT

OF SELF-HELP SKILLS

IN MULTIPLE HANDICAPPED

CHILDREN

Experimental Edition, August 1971

A Team Teaching Practicum for Multiple Handicaps

George Peabody College
Nashville, Tennessee

SELF HELP DEVELOPMENT

EDUCATIONAL SUGGESTIONS

In the beginning stand directly behind the child, with your hand on his. Begin by guiding his hand by holding your hand over his -- as soon as possible, decrease the amount that you help him by moving your hand away from his hand to his wrist, then to his arm, and finally just to his elbow. Never guide him more than is necessary -- always try to let him do as much as he can by himself.

Praise or reward the child for any closer approximation of the desired behavior. In eating, an appropriate reward would be a small bite of food he likes, of dessert, or of the child's favorite food for eating a bite of something he doesn't like.

USE OF THE CHARTS

Put your child through each of the activities. Color in the chart squares to indicate what your child can do -- his present level of functioning. The square next to the colored square will indicate your teaching objective. If a child can lift a cup and drink with only a verbal or tactual cue, the immediate goal is to have him lift a cup and drink with total independence. Expect spotty looking charts and don't be concerned about them. They show that the child has not learned the sequence. Your goal is to teach the child the missing steps by using the blank squares for your teaching goals. Written procedures follow each of the charts.

The development of Olfactory (smell) and Gustatory (taste) senses should be incorporated into actual experiences as the occasion arises. There is little value in teaching the recognition and taste of these objects apart from the proper setting.

Take the washing experience, when the soap is first used the child may be allowed to smell it, thus he can associate its odor with its usage. Hand creams, perfume, nail polish, shampoo all have high value smells and can be taught in association with their use.

The names of foods the child eats can be taught during the meal, or through a lesson on them in the classroom. Follow through activities on lessons involving fruits or vegetables might include a game whereby a child must find a particular fruit that has been hidden in the room. This may include a lesson in mobility as well if the fruits are placed in carefully selected spots. Among the items particularly good for such exercises are bananas, coffee, oranges, lemons, chocolate, peanut buttern, onions, cinnamon or cloves. If the found object is edible as is, then the object would serve as an appropriate reward, otherwise a stick of gum, M&M or some other small edible reward might prove satisfying.

USE OF ASSISTIVE DEVICES - The child is able to:

a. Drink without an adaptive appliance Yes_____ No_____

b. Eat without an adaptive appliance Yes_____ No_____

	Will do job with complete physical and verbal or tactual help	Needs physical guidance and verbal or tactual help	Needs only slight physical eue and verbal or tactual help	Needs only a verbal or tactual cue	Total independence: remembers to do this task in sequence
FEEDING - When the child is fed, he is able to:					
1. Raise head to eat					
2. Keep the food in his mouth until he swallows it					
3. Chew the food if necessary before swallowing it					
FINGER FOODS - The child is able to:					
4. Eat finger foods when they are put in his mouth					
5. Hold and eat finger foods when they are put in his hand					
6. Pick up the finger foods and put them in his mouth					
7. Break finger foods into edible pieces and eat them					
8. Bite off appropriate size pieces of finger foods					
DRINKING - The child is able to:					
9. Drink liquids when they are put in his mouth					
10. Keep the liquid in his mouth until he swallows it					

EATING SKILLS (cont.)

	Will do job with complete physical and verbal or tactual help	Needs physical guidance and verbal or tactual help	Needs only slight physical cue and verbal or tactual help	Needs only a verbal or tactual cue	Total independence remembers to do this task in sequence
11. Drink liquids through a straw					
12. Drink from a cup when it is held for him					
13. Lift a cup off the table to drink					
14. Lift cup, drink					
15. Lift cup, drink, return the cup					
16. Lift a cup off the table with one hand to drink					
17. Drink with one hand without spilling it					
SPOON USAGE - The child is able to:					
18. Be spoon fed while sitting up					
19. Eat from a spoon when it is held for him					
20. Hold and eat from spoon that has been filled for him					
21. Hold and direct a spoon accurately toward food					
22. Hold and fill spoon independently					
23. Direct filled spoon to mouth					
24. Hold a spoon and eat from it					
25. Direct a spoon accurately toward mouth					
26. Eat from a spoon without spilling					
27. Take a bite, put the spoon down and chew					

EATING SKILLS (cont.)

	Will do job with complete physical and verbal or tactual help	Needs physical guidance and verbal or tactual help	Needs only slight physical cue and verbal or tactual help	Needs only a verbal or tactual cue	Total independence remembers to do this task in sequence
28. Hold a spoon in finger position while eating from it					
29. Fill a spoon with the appropriate spoon foods and use fingers where appropriate					
FORK USAGE - The child is able to:					
30. Eat adult foods from a fork when fed					
31. Hold a fork in finger position					
32. Hold and fill a fork independently					
33. Direct a filled fork independently					
34. Direct a filled fork accurately					
35. Eat from a fork without spilling					
36. Take a bite, put the fork down, and chew					
37. Use a fork or spoon with appropriate foods					
KNIFE USAGE - The child is able to:					
38. Hold a knife in appropriate fashion for spreading					
39. Spread food placed on bread					
40. Scoop from container and spread					
41. Hold knife in appropriate fashion for cutting					
42. Cut if object is held for him					

EATING SKILLS (cont.)	Will do job with complete physical and verbal or tactual help	Needs physical guidance and verbal or tactu help	Needs only slig physical cue an verbal or tactu help	Needs only a verbal or tactu cue	Total independe remembers to do this task in sequence
43. Hold object with one hand, cut with knife					
44. Hold object with fork, cut with knife					
45. Put knife down, pick up fork for eating					
TABLE MANNERS - The child					
46. Opens napkin					
47. Tucks napkin in belt, neck or lays on lap					
48. Eats without stuffing mouth					
49. Eats without playing in food					
50. Does not eat too fast					
51. Does not eat too slowly					
52. Holds silverware appropriately					
53. Keeps elbows off table					
54. Eats with one hand, keeps other in lap					
55. Wipes mouth with napkin					
56. Excuses self when leaving table or waits for others to finish					
SELF SERVICE SKILLS - The child is able to:					
57. Pour own drink after carton has been opened or from pitcher					

EATING SKILL (cont.)

		Will do job with complete physical and verbal or tactual help	Needs physical guidance and verbal or tactual help	Needs only slight physical cue and verbal or tactual help	Needs only a verbal or tactual cue	Total independence remembers to do this task in sequence
58.	Open carton, pour own drink					
59.	Pour without spilling					
60.	Select his own tray (or pass serving dishes)					
61.	Select appropriate amounts and kinds of food					
62.	Carry his tray to the table (or serve self from serving dishes)					
63.	Take back his dirty dishes					
64.	Clean off his dirty dishes					
65.	Put his dirty dishes where they belong					

TEACHING EATING BEHAVIOR

Objective: The end goal for the multi-handicapped child is the ability to eat his food properly and independently.

Testing and Teaching - Swallowing: Before beginning to teach a child to feed himself, be sure he can swallow and chew. He has to be able to swallow in order to drink liquids. When teaching a child voluntary swallowing, his head should be held slightly downward. If a cup is being used, do not have it too full, but be sure there is enough in it so that he does not have to tilt his head back to get a sip. Place the cup slightly behind the teeth and on top of the tongue. When the liquid is in his mouth his lips should be closed to make swallowing easier. A finger pressed on the chin helps close the jaw. Gently stroking the throat helps swallowing. Don't let the child bite the cup. If the child cannot close his lips around the cup, then hold his lips shut with your fingers. Two fingers of one hand are held over the lips while the other hand holds the cup. The child should be taught to take a sip and swallow before taking another sip. If too much is poured into his mouth at once, he may gulp it and choke. If the child stiffens when the cup comes near wait until he relaxes. He will soon learn that he will get food only when he relaxes.

When fed solid food that doesn't have to be chewed, the child must know how to hold the food in his mouth before swallowing it. This is necessary in order to move the food from the front of the mouth to the back of it. Begin with soft foods that do not have to be chewed, such as oatmeal, applesauce, puddings, scrambled eggs, etc. Some children tend to use a pushing action with their tongue and will not readily accept foods. If this is the case, then help him by placing the food midway back on his tongue at first.

Testing and Teaching - Chewing: When teaching a child to chew, start with semi-solid foods like lumpy cottage cheese, mashed beans, and cooked carrots. It may be necessary to work his jaws in an up and down direction in order to get a chewing action started. Gently rubbing his gums may be necessary before or after each bite is given. When the child is ready for chewing, then be prepared to wait him out with each bite. Once the food is in his mouth, do not let him spit it out. If he does, put it or another spoonful back in. Because feeding him this way is slow, it may be necessary to give him smaller and more frequent meals. The main things to remember is that you must not demand less of him than he has already given. If he is hungry he will eat, and if he is hungry and the only thing he can get is something he has to chew, then he will chew. Use milk and soft foods as a reinforcer only after he has chewed some food. The first two days are hard on the child and the parent or teacher, but experience has proven that this method works. Once the child has learned to chew, then he is ready to take over the job of learning to feed himself.

Testing and Teaching - Independent Eating: The child can now swallow, hold food in his mouth and chew if necessary. To feed himself he needs to be able to bring his hand to his mouth with fair control. To do this, have him seated in an upright position with his head in a slightly downward position. His feet should be resting on the floor or a foot rest. If the hand to mouth movement is not accurate then give him practice sticking his fingers in soft sweet substances such as pudding, icings, peanut butter, jelly, etc. If he has trouble getting the fingers to his mouth, then guide him at first. Suckers, bread and chewy cookies that do not crumble can be used if he will hold food in his fingers.

Finger Feeding: If the child can bring his fingers to his mouth he will be ready for this first independent eating, finger feeding. Every child goes through this stage before he is ready to use a spoon. The first step in finger feeding is to get the child to eat the finger foods when they are placed in his hand. Next is to get him to pick up the finger food and put it in his mouth. Some finger foods may need to be broken into small pieces. Finally he should be able to bite off a piece of the finger food, chew, and swallow it.

Drinking from a glass: Now the child is ready to use something other than his hands for the purpose of eating. He usually begins using a glass before the spoon, but there is no set pattern and they may be taught at the same time. He will first need to learn to drink from a glass while you hold it. Second, he holds the glass with both hands, tilts it, and you return it to the table. Third, he holds the glass, tilts it, and returns it to the table with your help. Fourth, he then learns to hold the glass, directs it to his mouth, tilts it slightly, and returns it to the table by himself.

Spoon Usage: Onee the child is ready for spoon eating then finger feeding becomes taboo. This is necessary if he is to move from one step to another. Because of this it is suggested you break usual finger foods into small pieces and have them eaten with a spoon. Once a child has learned to feed himself with a spoon, then he can be taught that some foods are eaten with fingers and some with a spoon.

When you begin teaching the child to use the spoon, it is helpful if you can choose foods that will stick to the spoon. Mashed potatoes, mashed bananas, and thick custards are good starters.

To teach a child to feed himself with a spoon begin by filling the spoon for him, then wrapping his fingers around the spoon with your hand on top of his. Standing in back of him, help him guide it to his mouth and help him

put a spoonful in his mouth. Then begin to gradually fade your assistance. First begin removing your hand to his wrist, then to his arm until he will do the act alone. Remove your hand completely when the spoon reaches his lips.

After the child can take the filled spoon from the plate to his mouth without help, then teach him to load the spoon. For the blind child, the fingers of his other hand will be his pusher. Teach him to bring both hands to the plate, one grasping the spoon, the other pushing food onto the spoon. When he is more able to use the fork, knife and spoon, the spoon, knife, or a piece of bread can be used as pushers.

If at any time during the process of learning to use a spoon, the child begins to grab the food, throw a tantrum or show some other form of troublesome behavior, remove the food until he has stopped. If it continues, then he should be taken from the table and not allowed to finish his meal. He will soon realize this behavior will deny him food. Do not give him anything to eat until it is the usual time for another meal.

Fork Usage: The process of learning to use a fork is similar to the spoon. The child will begin to use a fork in the same way that he uses a spoon. Later he will learn that there are certain foods that are easier to eat with a fork and require the use of the tines for piercing. The child should not be rushed into fork usage. Many children feed themselves for a considerable period of time with a spoon before moving to a fork.

Knife Usage: Begin by teaching the child to spread things with a knife such as butter, peanut butter or mayonnaise. After he has learned to spread, gradually teach him to cut meat by using his knife as a cutter and his fork as a holder.

Manners: Through using good manners while feeding the child and teaching him to feed himself, the child will acquire some manners. He can be easily taught

to use a napkin. If he appears to stuff himself simply hold his food back. Many children will eat entirely too slow at first, but as they acquire the ability they will pick up speed.

Cafeteria Service: Because many children are in various types of institutions, it is necessary for them to learn to use a cafeteria. Each cafeteria will differ in lay-out and serving procedure. The following is included as an example of how the process can be taught.

First, the helper takes a position behind the child, placing his hands on top of the child's. They pick up a tray from the stack of trays. The tray is placed on the ledge and the helper demonstrates to the child how the tray can slide along the ledge. The child picks up his napkin and silverware that is next. Demonstrate to the child how he can feel for his plate, grasp his plate with both hands, and direct the plate to his tray. Slide the tray to the next item. Direct him to pick up all the items he needs. When the tray is complete, direct his hands to feel the end of the ledge and let him know that it is the end of the line. Place the child's hand under the sides of the tray. Have him grasp the tray. Carefully and slowly have the child lift the tray from the ledge, holding the tray parallel and in a comfortable position. Walk the child to his place having him feel for the table. He should learn to slide his tray onto the table from the edge so he does not spill his food. Once the tray is on the table, he should get into his seat. The helper should tell the child what food is on the tray and where it is located on the plate. If the child knows the position of the hands on a clock, it can be told by saying, "The peas are at three o'clock." Otherwise the child's hand can be held lightly over the food and directed. "Here are the peas, here's the meat, here's the potatoes."

SELF HELP DEVELOPMENT

DRESSING SKILLS

CLOTHING REMOVAL - The child:

	Will do job with complete physical and verbal or tactual help	Needs physical guidance and verbal or tactual help	Needs only slight physical cue and verbal or tactual help	Needs only a verbal or tactual cue	Total independence remembers to do this task in sequence
1. Takes off socks when they've been pulled off over the heel					
2. Takes off socks independently					
3. Takes off hat					
4. Opens zipper					
5. Unsnaps snaps					
6. Takes off shoes when untied and loosened					
7. Takes off shoes when untied					
8. Takes off shoes independently					
9. Pulls one arm out of coat or shirt when unfastened					
10. Pulls two arms out of coat or shirt when unfastened					
11. Opens zipper and takes off coat					
12. Takes off pants if they're pushed down to knees					
13. Opens zipper and takes off pants.					
14. Unties bow (no knots)					
15. Unties bow and half knot beneath					
16. Takes off skirt by stepping out of it when unfastened					

DRESSING SKILLS (cont.)

	Will do job with complete physical and verbal or tactual help	Needs physical guidance and verbal or tactual help	Needs only slight physical cue and verbal or tactual help	Needs only a verbal or tactual cue	Total independence remembers to do this task in sequence
17. Takes off skirt by pulling over head					
18. Takes off over the head clothing					
19. Takes off boots					
20. Unbuckles shoes					
21. Unbuckles belt					
22. Unbuttons large buttons					
23. Unbuttons medium buttons					
24. Unbuttons small buttons					
HAT AND COAT - The child:					
25. Puts hat or cap on head					
26. Puts hat or cap on appropriately					
27. Snaps on cap					
28. Distinguishes back of coat from front					
29. Pushes one arm through coat sleeve					
30. Holds coat so second sleeve moves into position					
31. Pushes arm through second coat sleeve					
32. Pulls coat up on shoulders					

DRESSING SKILLS (cont.)	Will do job with complete physical and verbal or tactual help	Needs physical guidance and verbal or tactual help	Needs only slight physical cue and verbal or tactual help	Needs only a verbal or tactual cue	Total independence remembers to do this task in sequence
33. Pulls up zipper if the closure has been made					
34. Pulls large buttons through if they've been started					
35. Pushes button through buttonhole					
36. Spreads buttonhole to receive button					
37. Grasps button with thumb on outside edge					
38. Buttons large buttons independently					
39. Buttons medium buttons independently					
40. Buttons small buttons independently					
41. Inserts one side of zipper into the other					
42. Zips coat closed					
SHIRT - The child					
43. Pushes one arm through sleeve when shirt is held					
44. Pushes both arms through sleeves when shirt is held					
45. Distinguishes back of shirt from front					
46. Pulls T-shirt over head					
47. Pushes one arm through sleeve					
48. Holds shirt so second sleeve moves into position					
49. Pushes second arm through sleeve					

DRESSING SKILLS (cont.)	Will do job with complete physical and verbal or tactual help	Needs physical guidance and verbal or tactual help	Needs only slight physical cue and verbal or tactual help	Needs only a verbal or tactual cue	Total independenc remembers to do this task in sequence
50. Pulls button shirt up on shoulders					
51. Lines up two parts of snaps					
52. Snaps on front of clothing					
53. Pulls T-shirt down over chest					
54. Buttons shirt					
SHOES, SOCKS AND BOOTS - The child:					
55. Puts shoe laces through holes					
56. Crosses laces and places through holes					
57. Laces shoes correctly, crossing and lacing each hole					
58. Loosens shoe laces					
59. Puts foot into shoes					
60. Pulls shoe laces tight					
61. Forms an "x" with the lace ends					
62. Puts one end of lace through the "x"					
63. Pulls lace through "x" to form a half knot					
64. Forms a loop with one of the laces					
65. Makes a second loop around his thumb					

DRESSING SKILLS (cont.)	Will do job with complete physical and verbal or tactual help	Needs physical guidance and verbal or tactual help	Needs only slight physical cue and verbal or tactual help	Needs only a verbal or tactual cue	Total independence remembers to do this task in sequence
66. Pushes loop through to form second half of bow					
67. Pulls bow tight					
68. Buckles shoes					
69. Places right foot into right shoe					
70. Puts toes into sock					
71. Holds sock with heel down					
72. Gathers sock up, thumbs inside					
73. Pulls sock up to heel					
74. Pulls sock over heel					
75. Pulls boots over shoes					
76. Pulls shoe heel down in boots					
77. Pulls boots on all the way					
PANTS - The child:					
78. Holds pants in front, right side up					
79. Puts one leg into pant leg					
80. Pulls up pant leg so foot comes through					
81. Puts second leg into pant leg					

DRESSING SKILLS (cont.)	Will do job with complete physical and verbal or tactual help	Needs physical guidance and verbal or tactual help	Needs only slight physical cue and verbal or tactual help	Needs only a verbal or tactual cue	Total independence remembers to do this task in sequence
82. Pulls up pant leg so both feet come through					
83. Pulls pants up over hips					
84. Zips pants					
85. Fastens hook					
MITTENS, GLOVES AND BELTS - The child:					
86. Pulls on one mitten					
87. Places thumb in thumb of mitten					
88. Pulls on second mitten					
89. Places thumb in thumb of mitten					
90. Pulls on gloves					
91. Pulls gloves on right side up					
92. Puts thumb in glove thumb					
93. Puts fingers in glove fingers					
94. Pulls belt through belt buckle					
95. Puts tongue of buckle in hole of belt					
96. Puts end of belt in belt loop					
SCARF - the child:					
97. Puts scarf around neck					

DRESSING SKILLS (cont.)

	Will do job with complete physica and verbal or tactual help	Needs physical guidance and verbal or tactua help	Needs only slig physical cue anc verbal or tactua help	Needs only a verbal or tactua cue	Total independer remembers to do this task in sequence
98. Forms an "x" with the scarf ends					
99. Puts one end of scarf through the "x"					
SELECTION - the child:					
100. Chooses clothing according to weather					

TEACHING DRESSING BEHAVIOR

Testing and Teaching - Buttoning Buttons

Buttoning buttons requires good coordination on the part of the child. The task requires that he pull the two pieces of cloth together, grasp the button between the thumb and forefinger of one hand and spread the buttonhole with the thumb of the other hand, insert one edge of the button into the buttonhole, and push the button through with his thumb while pulling through from the other side with the thumb and forefinger of his other hand, then pulling the cloth with the buttonhole so that the button slides through the hole.

Put a shirt on the child and button all but the middle button. Tell the child "Button the button," and observe what he does.

Begin this activity from the beginning rather than the end. Teach him to grasp the button between the thumb and forefinger of his right hand, with his thumb under the outside edge of the button. The edge of the other side of his shirt is held between the thumb and forefinger of his left hand, with his forefinger on the inside of the shirt and his thumb spreading the buttonhole open. Show him how to push one side of the button through the buttonhole, at the same time moving the forefinger of this left hand around to grasp the button as it comes through. Next he must pull the button through with his left hand thumb and forefinger and at the same time pull on the edge of the shirt next to the buttonhole with the thumb and forefinger of his right hand. Begin the buttoning practice with a shirt or coat that has very large buttons.

When unbuttoning, reverse the process.

TEACHING DRESSING BEHAVIOR

Testing and Teaching - Putting on a Pullover Shirt

Putting on a pullover shirt includes determining which side is the back, pulling it down over his head, putting one arm in the correct hole, putting the second arm through the other hole, and pulling the shirt down in front and back.

To evaluate the child's ability to put on a pullover shirt we give him a pullover shirt and tell him to "Put on your shirt." Pay attention to the kinds of errors that he makes because this will tell you what parts of the activity have to be worked on the most.

When teaching this task begin from the "end" of the activity. To do this begin by simply having the child pull the shirt down in front and back. When the child can do this correctly and easily, remove one arm from its hole and teach the child to replace it, and then pull it down as before. Following this, remove one arm, then the other, and then pull the shirt down. The next step is, of course, to teach him to pull the shirt over his head, then push one arm and then the other arm through the sleeves.

Finally, the child must locate the back of the shirt and then proceed through the rest of the activity.

When undressing, reverse the procedure.

TEACHING DRESSING BEHAVIOR

Testing and Teaching - Putting on Socks

Putting on socks can be a very difficult task for many children. It requires that they learn to hold the sock correctly--that is, that the heel-side is down. They must also learn to hold the sock with the heel-side down and with their thumbs inside the sock. Next they must learn to fold the sock up into their hands, place it over their toes, and pull on the top so that it goes over their foot and up their ankle.

Evaluate the child by giving him a sock and telling him to "Put on your sock." Watch for his errors so that you will know what parts of the activity must be worked on the most.

In teaching the child to put on a sock, begin at the "end" of the activity. Start by correctly folding the sock up, with the thumbs inside the sock, placing it over his foot, pulling it over his heel, and simply having him pull it up over his ankle when you tell him, "Pull your sock up." It is best to do this while standing or sitting behind him, so that he sees exactly what it should look like if he were doing it himself. When he can pull it up easily and quickly upon command, put the sock on but only pull it halfway on over his foot, having him pull it over his heel and ankle. Next require him to pull it when it is just pulled over his toes. Next fold it up and give it to him, making him take it with both thumbs inside as it would be if he had folded it up himself. Then he must put it over his toes and pull it all the way on by himself. Next teach him to get it correctly in his hands, with his thumbs inside and with the heel down. Finally, teach him to perform the rolling activity--to fold the sock up into his palms before putting it on over his toes.

Remember to require that on each try the child go through all the activities that he has already learned, and never move on to a new activity until all of the earlier ones are done easily and correctly.

When taking the sock off, reverse the process.

TEACHING DRESSING BEHAVIOR

Testing and Teaching - Putting on Pants

Putting on pants includes holding them so that the front of the pants is in front of the child with the back of the pants next to him, putting one leg into the pants leg and pulling them up so that the foot comes through, doing this for the second leg, pulling them up over the hips, zipping or buttoning the pants, and fastening the belt if one is provided.

We evaluate the child's ability by giving him a pair of pants and telling him to "Put on young pants." You should let the child try several times, keeping track of what he does. Pay attention to the <u>kinds of errors</u> that he makes because this will tell you what parts of the activity have to be worked on the most.

With this activity we start from the "end". To do this we begin by putting on the child's pants and leaving them down around his knees (we will ignore, for the moment, buttoning and zipping them). Then we teach him to simply pull them up over his hips, giving rewards as necessary. Next we remove one leg from the pants, and teach him to stand on one leg and put the other one through the empty leg. Each time that he gets this leg on be sure to have him complete the activity by pulling them up over his hips. When he can do this well we remove both legs but give him the pants in the proper position; that is, with the front facing in the correct direction. Finally, when he is able to put on both legs correctly, we have him the pants in the wrong position and show him how to get them in the correct position before trying to put them on.

Notice that on each try we always require that the child go through all of the activities that he has already learned, and we never move on to a new activity until he can do all of the earlier ones easily and quickly.

When taking pants off, reverse the process.

TEACHING DRESSING BEHAVIOR

Testing and Teaching - Tying Shoelaces

Tying shoelaces is one of the more difficult tasks for many children. The child must be able to use his hands and fingers very well before it will be possible for him to tie his own laces.

The activity consists in pulling the laces tight, tying the first half-knot, looping one of the laces over the thumb, and pulling the other through to form the bow. A useful aid in teaching this activity is a shoe with two different colored laces in it mounted on a board. This allows the child to practice without bending over, and lets him see more easily how the laces go together.

Evaluation for this activity is very easy. Simply put the child's shoe on and leave the laces loose, telling him to tie his shoe.

Either the child's shoe or the one on a board mentioned above can be used to teach this activity. If the one on the board is used, place it in front of the child with the heel towards him, just as it would be if he had it on. This will make the training more like the actual activity that he is learning.

This is another activity that is started from the beginning rather than from the end. First, put his shoe on him and leave the loops long enough so that he can easily get his fingers into them to pull them tight. Show him how to pull on the loops to tighten the laces, and then have him pull on them himself. Guide his hands gently if necessary. Be sure to reinforce him for any behavior that is in the right direction.

After he has learned to pull the laces tight, teach him to tie the first half-knot. Begin by showing him how to form an "X" with the laces, and then putting one of the ends under the "X", pulling it out and tight. Have him repeat this until he can do it easily by himself. It is not necessary to loosen the laces each time, but do this frequently enough to make sure that he gets the idea that first he must pull the laces tight, then make an "X", and finally loop one end through and pull it tight.

Next show him how to form a loop with one of the ends. This is enough for this step, so make him practice it until he can do it easily and quickly. Then show him how to loop the other end around his thumb and push it through the loop to form the other half of the bow, and pull it tight. This is probably the hardest part, but if he has been successful in the first steps, he will probably learn this quite quickly.

If, however, the child lacks the coordination to do this and fails to learn the task, it may be necessary to teach him to make a bow by forming a loop with each hand, cross them into an "X", and pulling one loop through. The loops should be treated as single laces if this is done.

SELF HELP DEVELOPMENT

TOILETING SKILLS

LEVEL OF FUNCTIONING - The child:	Will do job with complete physica and verbal or tactual help	Needs physical guidance and verbal or tactua help	Needs only sligh physical cue and verbal or tactua help	Needs only a verbal or tactua cue	Total independen remembers to do this task in sequence
1. Can be "caught" by the teacher on a time schedule					
2. Can be "caught" by the teacher through teacher's observation of general physical signs of the child's needs					
3. Can sit on the toilet with help					
4. Shows discomfort at soiled pants					
TOILETING - The child:					
5. Locates and enters bathroom					
6. Locates and shuts the door					
7. Locates the toilet					
8. Pulls down pants					
9. Sits on toilet					
10. Eliminates in toilet					
11. Locates paper					
12. Tears off paper					
13. Cleans self					
14. Discards paper					
15. Stands up					

TOILETING SKILLS (cont.)

	Will do job with complete physical and verbal or tactual help	Needs physical guidance and verbal or tactual help	Needs only slight physical cue and verbal or tactual help	Needs only a verbal or tactual cue	Total independence remembers to do this task in sequence
16. Pulls up pants					
17. Uses pants fly					
18. Re-arranges clothing					
19. Locates handle					
20. Flushes toilet					
21. Locates sink					
22. Washes hands					
23. Leaves bathroom					
TERMINOLOGY - The child:					
24. Uses proper term					
25. Reads and understands signs:					
a. Boys					
b. Girls					
c. Toilet					
d. Rest Room					
e. Washroom					
f. Men					

g.	Women		
h.	Ladies		
i.	Gentlemen		
			Will do job wit complete physic and verbal or tactual help
			Needs physical guidance and verbal or tactu help
			Needs only slig physical cue an verbal or tactu help
			Needs only a verbal or tactu cue
			Total independe remembers to dc this task in sequence

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TOILET TRAINING

Objective: In toilet training the child should become completely independent in caring for his own toilet needs. Toilet training is a task that requires separate skills that the child must view as one continuous act. This continuous act begins with the feelings the child has when he needs to use the toilet and ends with washing and drying his hands when the task is done. The separate skills required for the multiple handicapped child include locating the bathroom, locating the toilet, pulling down his clothing, sitting on the toilet, eliminating, locating toilet paper, cleaning himself, standing up, pulling up and fastening his clothes, finding the toilet handle, flushing the toilet, locating the sink, washing his hands, and leaving the bathroom.

Testing and Teaching: To teach toilet training, begin by keeping a record sheet pinpointing the exact time when all bowel movements and urination occur. Keep this for three or four days around the clock. This chart will show when elimination is most likely to occur. When this is known training can begin. Start with bowel control at times when this behavior is most likely to occur. Take the child to the bathroom at this time. Help him find the toilet. Aid him in pushing down his pants. Seat him on the toilet. Keep him seated on the toilet for at least five minutes, but gradually demand longer periods of time if necessary. If he tries to get up he should be held firmly until he stops struggling. If he does not try to get up for a few seconds, gradually release your hold from him. The child should never be allowed to get up unless he is sitting quietly.

If the child does eliminate show your pleasure and continue your teaching. Direct him in finding the toilet paper, rolling off a portion, tearing it and folding it in his hand. Then direct him to clean himself. Teaching the child

to clean himself properly and thoroughly is difficult. Guide his hand as he performs the act. He needs to experience the feelings that come from proper cleaning. It is particularly important for girls to be taught to clean themselves properly in order to avoid spreading germs from the anus to the vagina. Guide her in cleaning in a front to back, never forward, movement. After urination have her use the toilet tissue as a blotter. After the child has cleaned himself direct him to discard the paper in the toilet. Next help him stand and pull up his pants. Help him locate the toilet handle and flush the toilet. Now he must be guided to the sink and taught to wash his hands according to the procedure outlined for hand washing. When this is complete, he leaves the bathroom.

If the child fails to eliminate direct him to stand up and pull up his pants. Guide him to the sink and have him wash his hands before he leaves the bathroom.

With each successful step praise the child in a way he understands. Do not punish failures, but do not reward them.

It is highly unlikely that sequential order will be used in acquiring this skill. A child may first learn to flush the toilet, or pull down his pants. For this reason the measurement of his ability is needed on each step of the skill.

SELF HELP DEVELOPMENT

GROOMING SKILLS

	Will do job with complete physical and verbal or tactual help	Needs physical guidance and verbal or tactual help	Needs only slight physical cue and verbal or tactual help	Needs only a verbal or tactual cue	Total independence remembers to do this task in sequence
WASHING					
READINESS - The child:					
1. Shows interest in playing in the water; permits hands to be washed and dried					
2. Shows interest in faucet and stopper					
HANDS - The child:					
3. Locates sink					
4. Locates faucet					
5. Turns water on					
6. Wets one hand					
7. Wets both hands					
8. Locates soap					
9. Gets soap on hands					
10. Rubs soap on hands					
11. Rinses hands					
12. Locates faucet					
13. Turns water off					

GROOMING SKILLS (cont.)

	Will do job with complete physical and verbal or tactual help	Needs physical guidance and verbal or tactual help	Needs only slight physical cue and verbal or tactual help	Needs only a verbal or tactual cue	Total independence remembers to do this task in sequence
14. Locates towel					
15. Takes towel					
16. Dries hands					
17. Locates waste basket					
18. Throws towel away or hangs it up					
FACE - The child:					
19. Turns on hot and cold faucets for warm water					
20. Washes his hands at the appropriate times, independently					
21. Gets washcloth wet					
22. Rubs soap on cloth					
23. Washes face (not ears)					
24. Rinses cloth					
25. Rinses face					
26. Rinses cloth and puts it up to dry					
27. Rubs face dry					
28. Washes face at appropriate times					

GROOMING SKILLS (cont.)	Will do job with complete physica and verbal or tactual help	Needs physical guidance and verbal or tactua help	Needs only sligh physical cue and verbal or tactua help	Needs only a verbal or tactua cue	Total independen remembers to do this task in sequence
BATHING - The child:					
29. Prepares bath water					
30. Bathes self					
31. Dries self					

WASHING HANDS

Task Definition: Washing hands is a task which requires several skills performed in a sequential order. It requires the multi-handicapped child to locate the sink, then the faucet, turn it on, get the soap, rub his hands, rinse them, turn off the faucet, get a towel, dry his hands and discard or hang up the towel as the case may be.

Testing and Teaching: To evaluate the child's ability, we tell him to "wash your hands." If he cannot hear you then indicate in some way what it is that we want him to do. As he tries, keep track on the check list of how much help he needs. This check list becomes the teaching guide.

In teaching this activity start from the beginning. Identify the sink as the place where hand washing occurs. He is taught the feel of the faucet handle and is helped to turn it "on". If blind, he then follows his hand down the faucet to locate the water. Next he must put both hands in the water to wet them. Then he must locate the soap bar, pick it up, rub it in his hands, replace it and continue to rub his hands under the water. He must then rinse his hands, find the faucet, turn off the water, locate and get a towel, then crush it and discard it in the trash can, or hand it on the bar as the case may be.

It is quite possible that a child will be able to perform only one isolated part in the complicated process. It is most important that he always be allowed to perform that one task when it appears. For example, if all the child can do is pull the towel from the container, then by all means always have him do it. At the same time, he receives physical cues with the other parts of the task and then cues are gradually faded until he can complete the task independently.

GROOMING SKILLS (cont.)

	Will do job wit complete physic and verbal or tactual help	Needs physical guidance and verbal or tactu help	Needs only slig physical cue an verbal or tactu help	Needs only a verbal or tactu cue	Total independe remembers to do this task in sequence
HAIR - The child:					
1. Uses comb and brush on others					
2. Admires own hair when well groomed					
3. Removes barrette from hair					
4. Brushes hair					
5. Combs hair (or brushes) down on sides					
6. Combs hair down in back					
7. Replaces clips, barrettes					
8. Cleans comb with brush					
9. Combs or brushes hair at appropriate times					
SETTING AND SHAMPOOING - The child:					
10. Sets or rolls her own hair					
11. Washes her own hair					

	Will do job wit complete physic and verbal or tactual help	Needs physical guidance and verbal or tactu help	Needs only slig physical cue an verbal or tactu help	Needs only a verbal c tactu cue	Total independe remembers to dc this task in sequence
BRUSHING TEETH					
READINESS - The child:					
1. Shows interest in brushing teeth or owning a tooth brush					
2. Plays at brushing teeth					
TOOTHBRUSHING - The child:					
3. Locates sink					
4. Gets his tooth paste					
5. Takes cap off paste					
6. Gets his brush					
7. Puts paste on bristles					
8. Puts brush into mouth					
9. Brushes teeth front, back, up, down					
10. Spits paste out					
11. Turns water on					
12. Gets cup					
13. Gets water in cup					
14. Rinses mouth and spits					

GROOMING SKILLS (cont.)

		Will do job wit complete physic and verbal or tactual help	Needs physical guidance and verbal or tactu help	Needs only slig physical cue an verbal or tactu help	Needs only a verbal or tactu cue	Total independe remembers to do this task in sequence
15.	Rinses brush					
16.	Turns off water					
17.	Returns brush to proper place					
18.	Puts cap on paste					
19.	Returns paste to place					
20.	Locates towel					
21.	Wipes mouth					
22.	Wipes hands on towel					
23.	Brushes teeth at appropriate times					

BRUSHING TEETH

Task Definition: Brushing teeth, like washing hands, is a task which requires several skills performed in a sequential order. It requires the multi-handicapped child to locate the sink, the toothpaste, remove the cap from the paste, locate the brush, brush his teeth, turn on the water, get his cup, rinse his mouth and the brush, turn off the faucet and replace the cap and return the paste and brush to its proper place. He must finish the act by finding a towel and drying his hands and mouth, and replace the towel or discard it as the case may be.

Testing and Teaching: To evaluate the child's ability, tell him to "brush your teeth." As he tries, keep track on the check list of what he does, noting the kinds of errors he makes because they will show what parts of the skill the child has not developed. If the child is unable to do the task, or any part of it, give him as much physical help as he needs, but carefully record the steps in which he needed help, and how much help was needed. Remember that the child is to perform all segments independently if he can. The check list becomes the teaching guide. It will tell where to begin to teach each segment of the skill.

GROOMING SKILLS (cont.)

	Will do job with complete physical and verbal or tactual help	Needs physical guidance and verbal or tactual help	Needs only slight physical cue and verbal or tactual help	Needs only a verbal or tactual cue	Total independence remembers to do this task in sequence
MISCELLANEOUS					
NOSE CARE - The child:					
1. Allows nose to be wiped when necessary					
2. Wipes nose with assistance					
3. Blows nose with assistance					
4. Blows and wipes nose when reminded					
5. Covers nose when sneezing					
6. Covers mouth when coughing					
7. Blows nose when appropriate					
8. Cares for used tissues					
NAIL CARE - The child:					
1. Allows nails to be cared for					
2. Admires well groomed nails					
3. Attempts to clean his own nails					
4. Asks for help in filing or cutting nails					
5. Cares for own nails					
6. Attempts to apply polish (girls)					

GROOMING SKILLS (cont.)

CARE OF BELONGINGS - The child:	Will do job with complete physical and verbal or tactual help	Needs physical guidance and verbal or tactual help	Needs only slight physical cue and verbal or tactual help	Needs only a verbal or tactual cue	Total independence remembers to do this task in sequence
1. Hangs coat, smock, etc. on hook					
2. Goes to proper place for own things					
3. Hangs towel and washcloth on hooks					
4. Gets own grooming supplies from proper place					
5. Puts hats or scarves in proper place					
6. Hangs coat on hanger					
7. Removes boots before coming in					
8. Wipes muddy shoes before coming in					
9. Shines shoes with assistance					
10. Cares for his belongings independently					

MOTOR PROGRAM (FRAMEWORK)

I. General Motor Development

A. Balance and Posture

Through the activities of balance and posture the child determines where the line of gravity is and the direction of its force. He is also able to develop a point of origin for the relationships in the environment around him.

Activities to develop balance and posture include:

a. on stomach

b. on back

c. sitting

1. on floor

2. on chair

d. standing

1. on wooden blocks

a. arm movements

b. trunk movements

2. balance beam activities

B. Locomotion Skills

Locomotion includes these activities which result in moving the body through space. With these activities the child investigates the relationships between objects in space.

Locomotion skills include:

a. crawling

b. creeping

c. walking

d. running

e. jumping

f. hopping

g. leaping

h. climbing

i. rolling

C. Contact and Manipulation

Includes skills of manipulation by which the child handles objects and explores their nature. Contact skills usually involve the hand.

Contact and Manipulation skills include:

a. reaching - process by which contact is made with an object

b. grasping - contact in maintained while the manipulatory activities are completed.

c. release - contact is broken

d. eye-hand coordination

e. foot-eye coordination

D. Receipt and Propulsion

Receipt includes those activities in which the child must relate to an object moving toward him. The child places his body in the path of the movement, as in catching and stopping. Propulsion includes those

activities in which the child must relate to objects moving away from him as in pushing, throwing, and batting.

Progressive ball handling skills include:

a. catching

b. throwing

1. overhand

2. underhand

c. striking

1. kicking

2. batting.

II. Movement Exploration

A. Body Image

The complete awareness of one's own body and its possibilities of movement and performance

Identification of body parts:

a. head

1. ears

2. eyes

3. nose

4. mouth

a. lips

b. teeth

c. tongue

5. cheeks

6. chin

7. forehead

b. Arm

1. fingers
2. hand
3. wrists
4. elbows
5. armpit

c. Legs

1. thighs
2. knees
3. shin
4. ankles
5. feet
6. heals
7. arches
8. toes

d. Trunk

1. chest
2. stomach
3. waist

B. Laterality

Can be characterized as an internal awareness of the similarities and differences between the two sides of the body.

a. Right and Left

b. Up and Down

c. Front and Back

C. Endurance

COMMUNICATION

Names are shown by placement of the first letter of the name on some body part eg. "g" on chin, "h" on shoulder. Two children with the same name would not have the same sign.

look / see

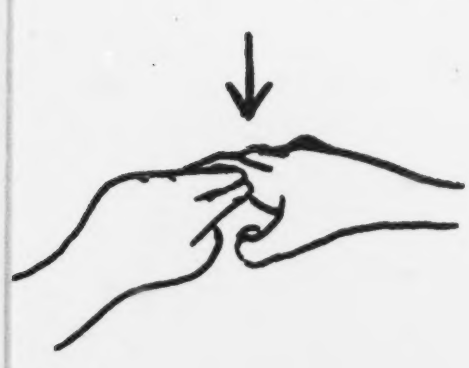
eat / food

finished

in

out

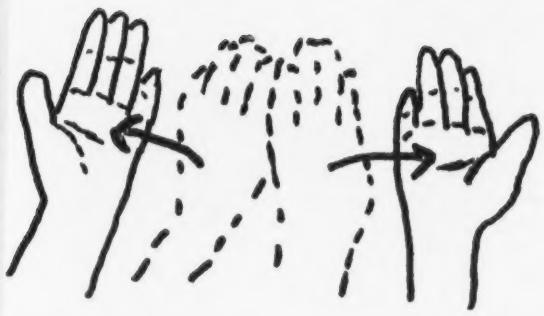
on



sit / chair

stand

up

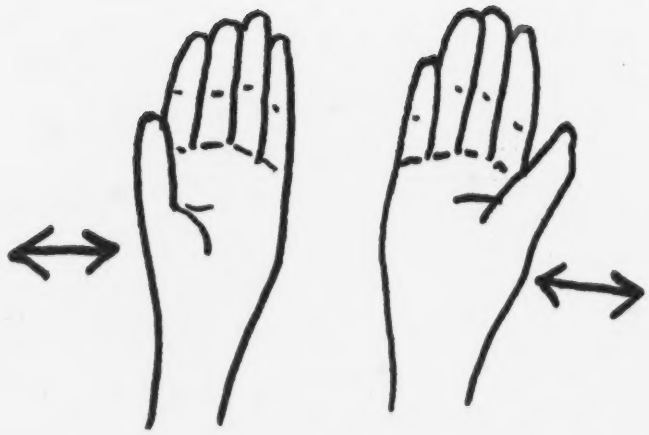


open

close

what

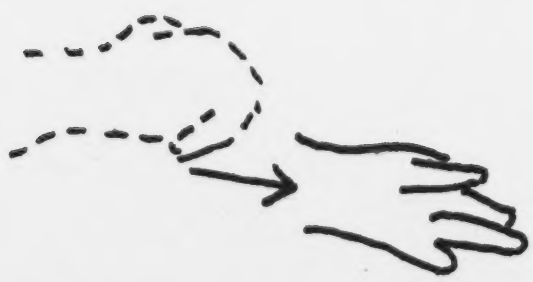
who / whose



where
(at waist level)

wait

stop



go

come

water

wash

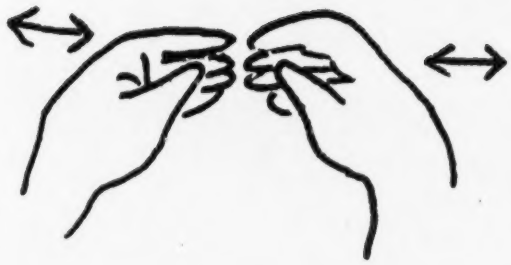
toilet
("t" - rotate forearm)

good (emphasize the hands together part)

thank-you

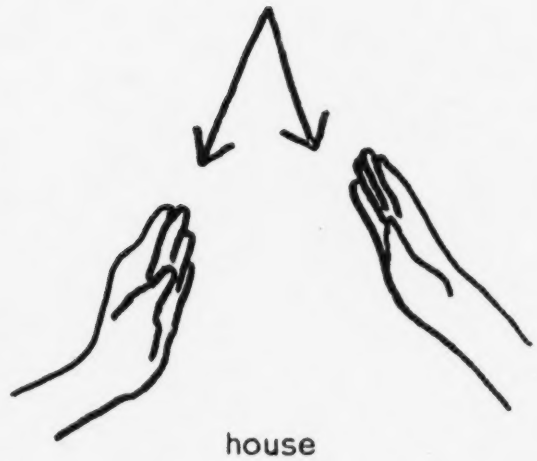
big

little



more

break / broken



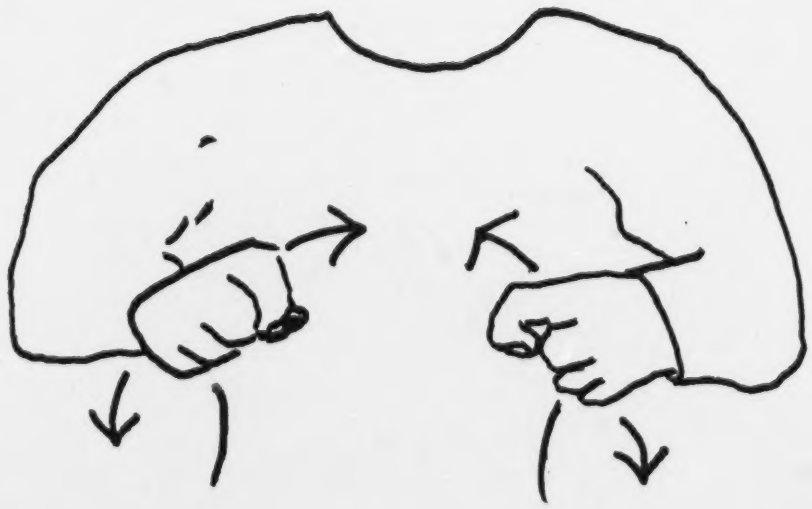
house

tree

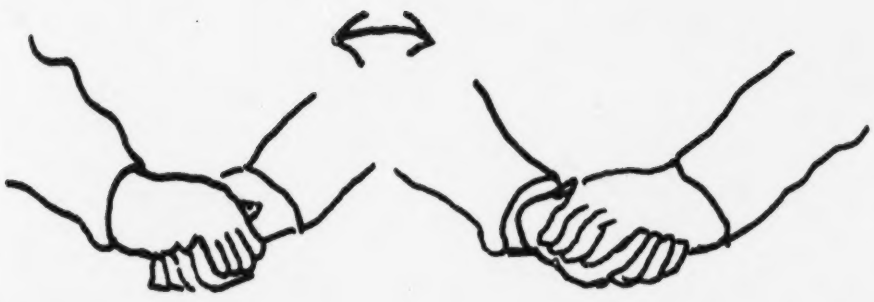
fly / airplane

fish

cat
("c" - make whiskers)



car / truck



ball

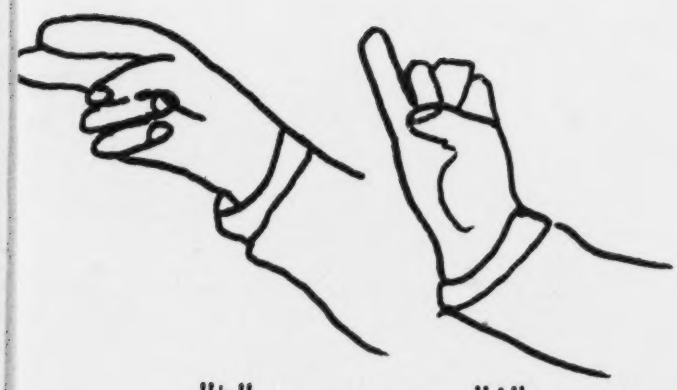
boat

yellow
("y" - rotate forearm)

red
(straight down to chin)

green
("g" - rotate forearm)

blue "b" and rotate forearm
purple "p" and rotate forearm
orange "o" and rotate forearm



"h" "i"

(Use fingerspelling for "hi".

BODY PARTS

Simply point to parts of the body. For example, for "mouth" point to the mouth, etc. For hands, touch the back of each hand.

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